

# Virginia Department of Health (VDH)

## Division of Disease Prevention (DDP)

### Monthly Ebulletin



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June 2018 Edition

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#### Cluster of Hepatitis A Infections Identified

VDH recently identified a cluster of Hepatitis A (HAV) infections in the central region of Virginia, particularly the metro Richmond area. While this cluster consisted primarily of men who have sex with men (MSM), other states have reported clusters that consist of MSM, persons with history of injection drug use, persons with history of non-injection drug use, persons who are homeless or in transient housing, and persons with history of incarceration.

**M. Norman Oliver**, MD, MA, State Health Commissioner, recently released a [Clinician Letter](#) to practitioners, medical associations, and other organizations across Virginia. Dr. Oliver reiterated the importance of vaccinating, treating, and reporting cases of HAV. Please review the letter, and plan accordingly when offering services to populations that may be vulnerable to HAV.

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#### List of Cities and Counties Eligible to Provide Comprehensive Harm Reduction Services in Virginia Has Been Updated

Jurisdictions eligible to provide comprehensive harm reduction (CHR) services in 2018 were determined using an enhanced selection method. Previously, the determination was based on jurisdictions' case rates per 100,000 individuals for 13 opioid indicators. This method excluded some densely populated areas of the state that have large case counts but low case rates compared to less populated areas. To provide services to those most affected by the opioid epidemic, VDH revised the methodology to include both case rates and case counts to determine jurisdictions eligibility. The Secretary of Health and Human Services and the Secretary of Public Safety and Homeland Security approved the change in methodology. To view the updated list of eligible communities, please visit the [CHR web page](#).

Agencies interested in providing CHR services may contact **Bruce Taylor**, Drug User Health Coordinator, at [bruce.taylor@vdh.virginia.gov](mailto:bruce.taylor@vdh.virginia.gov) or at (804) 864-8015.

### **SAMHSA Releases Updated Opioid Overdose Prevention Toolkit**

The Substance Abuse and Mental Health Services Administration (SAMHSA) announced the update of an important resource on opioid overdose prevention. The [SAMHSA Opioid Overdose Prevention Toolkit](#) offers information and links to resources to prevent opioid-related overdoses and deaths.

The Toolkit contains four sections—one for each target audience:

- Facts for Community Members
- Five Essential Steps for First Responders
- Information for Prescribers
- Safety Advice for Patients & Family Members

The Toolkit is a valuable resource for communities with established opioid taskforce groups and communities considering forming a group. To access the Toolkit, click on the link above or visit <https://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit/All-New-Products/SMA18-4742>.

For questions regarding opioid overdose prevention, CHR, or starting a community taskforce, contact **Bruce Taylor**, Drug User Health Coordinator at [bruce.taylor@vdh.virginia.gov](mailto:bruce.taylor@vdh.virginia.gov) or (804) 864-8015.

### **CDC PEP (Post-exposure Prophylaxis) Update - Interim Statement Regarding Potential Fetal Harm from Exposure to Dolutegravir: Implications for HIV PEP**

An analysis of data from an ongoing National Institutes of Health-funded study in Botswana suggests that an increased risk of neural tube defects was associated with exposure to antiretroviral regimens that include dolutegravir (DTG) during pregnancy.

CDC makes the following interim recommendations for the use of HIV PEP (occupational or non-occupational) while it prepares a more detailed review of the evidence and recommendations:

Health care providers prescribing PEP should avoid use of DTG for:

- Non-pregnant women of childbearing potential who are sexually active or have been sexually assaulted and who are not using an effective birth control method; and
- Pregnant women early in pregnancy, since the risk of an unborn infant developing a neural tube defect is greatest during the first 28 days.

More information, including the complete CDC Post-Exposure Guidelines, is available at <https://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf> (Non-Occupational PEP) or <https://stacks.cdc.gov/view/cdc/20711> (Occupational PEP).

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### Pre-Exposure Prophylaxis (PrEP) in Adolescents Update

The U.S. Food and Drug Administration has approved once-daily oral Truvada® (emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg)—in combination with safer sex practices—to reduce the risk of sexually acquired HIV-1 in at-risk adolescents weighing at least 35 kg. Further information is available at [https://www.accessdata.fda.gov/drugsatfda\\_docs/appletter/2018/021752Orig1s055ltr.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/appletter/2018/021752Orig1s055ltr.pdf) or [http://www.gilead.com/~media/Files/pdfs/medicines/hiv/truvada/truvada\\_pi.pdf](http://www.gilead.com/~media/Files/pdfs/medicines/hiv/truvada/truvada_pi.pdf).

In VDH clinics, parental consent is required when prescribing PrEP for adolescents .

For programmatic questions, please contact **Eric Mayes**, PrEP and nPEP Coordinator, at (804) 864-7335. Clinical consultation questions may be directed to **Linda Whiteley**, Nurse Practitioner Consultant, at (804) 864-7328. To visit the VDH PrEP and nPEP page, go to [PrEP and nPEP – Disease Prevention](#).

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### New Campaign “Virginia Gets Tested” Launched

Kaiser Family Foundations Greater Than AIDS team has created a new HIV testing campaign for VDH. The campaign, “Virginia Gets Tested” (VGT), discusses the importance of regular testing among men, as well as availability of HIV testing services in Virginia. Availability of testing includes promoting testing through private providers, community-based organizations, healthcare centers, Walgreens stores, and at-home test kits. Agencies and organizations that provide HIV testing may experience an increase in clients presenting for testing while advertisements are live.



The [VGT website](#) uses the *HIV.gov* service locator to refer clients to testing near their zip code areas. Please check the locator to make sure that your organization is listed and has the most up-to-date information available. If any information needs to be edited, please report this directly through the locator on the right navigation bar after searching for a zip code.

Print materials for the campaign will be sent to community and clinical testing sites funded by VDH DDP, as well as local health districts. For more information on the VGT campaign and campaign materials, please contact **Chris Barnett**, Social Media Coordinator, at (804) 864-8110 or [christopher.barnett@vdh.virginia.gov](mailto:christopher.barnett@vdh.virginia.gov).

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### New Behavioral Intervention from CDC

Sin Buscar Excusas/No Excuses is a single-session, small group, video-based behavioral intervention designed to increase sexual safety and HIV testing and care among

Hispanic/Latino gay, bisexual,  
and other MSM.

## SIN BUSCAR ~~excusas~~ NO ~~excuses~~

Sexual safety includes having fewer partners, using condoms consistently, engaging in less risky sexual behaviors, using PrEP or PEP as needed, and communicating with your partner about monogamy, HIV status, and getting tested. Sin Buscar Excusas/No Excuses can be implemented in a variety of settings, including clinics and community agencies. Group sessions are designed for four to eight men, and last approximately 45–60 minutes.

The intervention includes 1) viewing of the Spanish- or English-language video in a small-group setting that ensures privacy and confidentiality; 2) structured, small-group, brief discussion about barriers and strategies to increase sexual safety and HIV testing and care; and 3) condom distribution, the offer of an HIV test, and referrals for services (including, PrEP, PEP, medication adherence, substance use/harm reduction programs, case management, and linkage to care). For more information, visit

<https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/Interventions/sin-buscar-no-excusas>.

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## PERSONNEL

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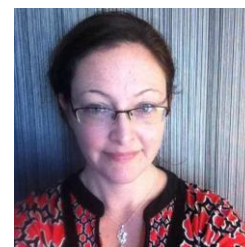
### Welcome

HIV Prevention Services welcomes **Anthony Price** as the new HIV Testing Data & Evaluation Analyst. He is a Richmond native, and comes to DDP from UPS Freight where he worked in various roles for the last seven years. He is currently pursuing his Bachelors in Psychology at Virginia Commonwealth University. Shortly after joining VDH, he celebrated his one-year anniversary with his husband, Malcolm, with whom he has a six-year-old son, Mason.



HIV Surveillance welcomes **Ayibatari Burutolu** to the Medical Monitoring Project (MMP) Team. She is a new Epidemiology Specialist aiding with data collection and performing medical record abstractions. She holds Master's degrees in Public Health and Social Work from Washington University in St. Louis, Missouri. Prior to VDH, Ayibatari worked at the Texas Department of Health as a CDC Public Health Associate. Please give her a warm welcome to VDH!

Please welcome **Mary Beth Cox** to HIV Prevention Services as the program evaluator for the 1506 Project PrIDE and statewide PrEP efforts. Mary Beth graduated from the College of William and Mary in 1999, and began work as a Peace Corps volunteer in Togo, West Africa, with a focus on HIV prevention. In 2004, she received Master's degrees in Public Health and Social Work from the University of North Carolina-Chapel Hill, and has spent the past 15 years working primarily in state and local public health agencies, implementing and evaluating programs focused on reproductive health, maternal and child health, and primary care. Mary Beth has worked at VDH since 2012 in the Office of Family Health Services overseeing home visiting



programs. She loves everything about public health, especially using data to drive improvements, so that more people can have the opportunity for optimal health. Mary Beth is married with two children, ages ten and eight, and has two dogs.

#### **Farewell**

VDH bids farewell to **Jessica Mason** (May 9) and **Sahithi Boggavarapu** (May 18). They were valuable members of the MMP and Data to Care teams, respectively, and we wish them the best of luck in their future endeavors!

### **Personnel Spotlight: DDP Unit Managers**

#### ***Meet the Management Team!***

DDP's management team oversees programmatic and administrative operations for \$124 million in state and federal funding and 217 staff housed in both the Central Office and health districts. DDP is led by **Diana Jordan**, RN, MS. Diana joined DDP as the Director of HIV Care Services in 2004 and assumed her current position as DDP Director in 2012. DDP's management team includes: **Anne Rhodes**, PhD., DDP Deputy Director, who oversees the HIV Analyst Team; **Elaine Martin**, Director of HIV Prevention Services; **Kimberly Scott**, Director of HIV Care Services; **Celestine Buyu**, Director of HIV Surveillance; and **Diana Prat**, Director of STD Operations and Data Administration. Diana Prat is the newest addition to the management team; she recently re-located to Richmond from Florida.



**Pictured left to right:** Celestine Buyu, Kimberly Scott, Anne Rhodes, Diana Jordan, Elaine Martin, Diana Prat.

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